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TECHNOLOGY CENTER R3700

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of

Inventors: Lau et al.

Serial No. 10/705,989

Filed: November 12, 2003

For: EXPANDABLE CARDIAC HARNESS
FOR TREATING HEART FAILURE

Examiner: Unassigned

Group Art Unit: 3736

Client ID/Matter No. PARCR 65989

December 3, 2003

SUPPLEMENTAL PRELIMINARY AMENDMENT

Commissioner for Patents
P. O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

This Supplemental Preliminary Amendment is being filed to correct typographical errors in certain of the claims presented by the Preliminary Amendment filed November 12, 2003.

Please enter the following amendments prior to examining the above-captioned application.



3736



PTO/SB/21 (08-03)
Approved for use through 07/31/2006. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/705,989	
	Filing Date	November 12, 2003	
	First Named Inventor	Lilip Lau	
	Art Unit	3736	
	Examiner Name	Unassigned	
Total Number of Pages in This Submission	9	Attorney Docket Number	PARCR 65989

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	FULWIDER PATTON LEE & UTECHT, LLP
Signature	<i>John Nagy</i>
Date	December 3, 2003

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